

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/586345

FILING DATE

APPLICANT(S)

Art 34

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/		/				
2		/					
3		2					
4		8					
5		8					
6		8					
7		8					
8		8					
9		8					
10		8					
11		8					
12		8					
13		8					
14		1		1			
15		1		1			
16		1		1			
17		1		1			
18		1		1			
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49							
50							
TOTAL IND.			4				
TOTAL DEP.			17				
TOTAL CLAIMS			21				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							